

TJS

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

Saul Martinez

14 1459

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

The Geo Group inc.
Joseph tavares MB Mucc
(Warden) GC Wigen
Mr. Rohrbacker
Theodore E Belis, MD
Dr. Cutler M.D

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Saul Martinez
ID # 15194-026
Current Institution Moshannon Valley (Geo Group)
Address 555 Geo Drive
philipsburg pa 16866

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Geo Group inc Shield # _____
Where Currently Employed _____
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 2 Name Joseph tavares Shield # _____
Where Currently Employed Geo Group inc
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 3 Name CG Wigen Shield # _____
Where Currently Employed 555 Geo Group inc
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 4 Name Theodore E Belis MD Shield # _____
Where Currently Employed _____
Address _____
Altonia pa

Defendant No. 5 Name Dr. Cutler Shield # _____
Where Currently Employed Geo Group
Address 555 Geo Drive
philipsburg pa 16866

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Geo Group
at moshannon Vally Correctional

B. Where in the institution did the events giving rise to your claim(s) occur? _____
On Geo

C. What date and approximate time did the events giving rise to your claim(s) occur? on
about November 2012

What
happened
to you?

D. Facts: I was feeling to go to urine and I
can do I go to bath every 5 minutes and
they take to long to I can get Treatment. the doctors
From this institution take for ever to take me to
specialist they don care about people in here.

Who
did
what?

on January 24, 2012 Dr. Theodore E Belis M.D.
perform a Surgery on Altona regional
health System. with preoperative Diagnosis.
Urinary retention Secondary to obstructing prostate.
procedure Transurethral Vaporization of the prostate with the
Botton. that's Surgery was a Catastrophe.

Was
anyone
else
involved?

The Last Surgery was on Hershey Pa. but I don't
remember the name. the Surgery was not good. either.
Because of the First one.

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. the Geo Group personel take to long
to send me to Especiality and alway is on the fast way
they only care about their benefit they do not care about
the moral that we are humans: enclosed is all Copound.
I did it.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Geo Group inc at Moshannon
Valley Correctional

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☒ Do Not Know ☐

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Mr Rohrbacker

1. Which claim(s) in this complaint did you grieve? to send me to

Specialist

2. What was the result, if any? Negative

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I do step one See Attached.

I did not have response on step 2.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

First OF all I want to do this to the Fellow inmates do not put the same way than me. and see if you can put pressure to we can have more better medical Attention. and remember we are humans and need sometimes Medical attention. and make sure it's on time. add you have to decide IF I can. qualified For some #

Monetaries issues. that at your description
 you are the judge. but today we only have
 a parttime doctor. and don think the this
 Doctor now have his licences. Currently this
 institution is a money making for the owners
 of this institution they only care about their
 Benefit they do not think about people this
 Institution is base a racist especially the warden
~~the~~ GC wagen. he is the worst person without
 Soul. If you ask for all medical records you
 will find out. also I was on pain for
 more than a year I still don't fill good.
 but that your discreation.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

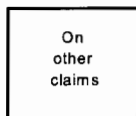
5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ___ No ___

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____



C. Have you filed other lawsuits in state or federal court?

Yes ____ No ✓

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 5 day of March, 2014.

Signature of Plaintiff

Saul Martinez

Inmate Number

15194 -026

Institution Address

555 Geo Drive
Philipsburg Pa 16866

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of March, 2024, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff:

Saul Martinez